

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010251

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 4

Primary Registration District No. _____

Registrar's No. 24

STATE FILE NUMBER

FILED MAR 20 1963

1. PLACE OF DEATH

a. COUNTY

Atchison

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Rock Port

Length of stay in 1b
passing
throughc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

3 miles east of Watson

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Nebr.

b. COUNTY Douglas

admission)

c. CITY
OR
TOWN

Omaha

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
11022 Jones St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Samuel

Middle

John

Last

Nigro

4. DATE
OF
DEATH

Month

Day

Year

March 3, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

July 14, 1937

25

9. AGE (last birthday)

25

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Self-employed

10b. KIND OF BUSINESS OR INDUSTRY

Jiffy Car Wash

11. BIRTHPLACE (City and state or country)

Omaha, Nebraska

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Salvatore Nigro

13b. MOTHER'S MAIDEN NAME

Rose ?

14. NAME OF HUSBAND OR WIFE

Ann Marie Nigro

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

53

17. INFORMANT

Ann Marie Nigro (same address)

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACCIDENTAL PLANE CRASH (BURNED)

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
7:30
p.m.Month, Day, Year
3-3-6320d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
3 mi. E. WATSON

20f. CITY, TOWN, OR LOCATION

Atchison

STATE

Nebr.

21. I attended the deceased from _____, to _____ and last saw her alive on _____.
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. J. Gallus

Coroner

22b. ADDRESS

Rock Port Mo.

22c. DATE SIGNED

3-5-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

3/7/63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

Omaha, Nebr.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Bestman Funeral Home - Rock Port

25. DATE RECD. BY LOCAL REG.

March 12, 1963

26. REGISTRAR'S SIGNATURE

Thermon H. Schaefer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1 0030

2 82602

3

4 0

5 1

6

7 1

8 2

9 866X

10 39

11 003

12 91-3

13

MAR 25 1963

MAR 21 1963

85004

800
E-19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

H. E. Burton

Licensed Embalmer No.

7764

P. O. Address

Rockford, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.